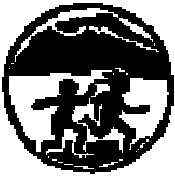


The Vac Scene[®]

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A bi-monthly newsletter for
immunization providers, from
Public Health - Seattle & King
County (PHSKC). For back
issues, visit our website:
<http://www.metrokc.gov/health>

Vol. 8, No. 4

JULY/AUGUST 2002



Public Health
Seattle & King County

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NEWS FROM PUBLIC HEALTH'S VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINE SUPPLY STATUS

✓**DTaP:** DTaP supply is sufficient to return to a 5-dose immunization schedule. However, additional vaccine for ambitious recall or special initiative programs at this time is NOT available. Please order only as much DTaP as you can reasonably administer in a 30-day period. Stockpiling will deplete our current supply and create a new shortage situation.

Note: A new DTaP formulation (DAPTACEL, Aventis Pasteur), has been approved by the FDA. While DAPTACEL is not currently available through the VFC Program, it is available for purchase. To view the product approval information on the FDA website, go to: <http://www.fda.gov/cber/products/dtapave051402.htm>

✓**Td:** On June 21, 2002, the Centers for Disease Control & Prevention announced the resumption of the routine schedule (boosters) for tetanus and diphtheria toxoids (Td). VFC-supplied Td is for children and teens between the ages of 7 and 19 years. To prevent a renewed shortage situation, please order only as much Td as you can reasonably administer in a 30-day period.

✓**PCV:** Prevnar (pneumococcal conjugate 7-valent) continues to be in short supply. Expect increased delays through the end of 2002. Priority should be given to the first three doses for ALL children at 2, 4 and 6 months. Give the 4th dose (at 12-15 months) to HIGH RISK children **only**.

✓**Varicella:** All back orders have been filled! Providers can expect orders to be shipped without delay.

NEW VIS FOR MMR & FLU AVAILABLE!

New Vaccine Information Statements (VIS) for MMR and Influenza are now available on-line at www.immunize.org. Clinics in King County without access to the Internet can call the VFC Program at (206) 296-4782, ext.1 to request copies of these VIS's. Remember! VIS's must be offered to parents at each clinic visit when children are given immunizations.

INFLUENZA VACCINE 2002-03

Public-funded VFC influenza vaccine can only be used for children ages 6 months through 18 years who are at high risk for complications from the flu. Although the CDC is encouraging providers to immunize healthy children ages 6-23 months against the flu, providers must *purchase* their own supply of influenza vaccine for this population. It is anticipated that influenza vaccine will be available through the VFC program for *all* children 6-23 months of age for

influenza season 2003-04. To view the ACIP Recommendation Statement on Influenza vaccine for this coming flu season, visit CDC's National Immunization Program website at:

<http://www.cdc.gov/nip/Flu/default.htm> This site also provides updated information on influenza vaccine projections for the coming year.

THANK YOU!

The staff of Public Health's Vaccines For Children Program would like to thank all VFC-participating sites for a tremendous improvement in temperature monitoring and safe storage of vaccine supplies. We have seen far fewer "temperature incidents" in 2002, when compared with last year. Continue to check the temperature in your storage unit several times each day for early detection of storage conditions that put vaccines at risk!

PROVIDER IMMUNIZATION EDUCATION PILOT PROJECT IN KING COUNTY

It is well known that a quality immunization practice must go beyond following the recommended schedule and administering the vaccines. Vaccine shortages, concerns about vaccine safety, vaccinating in special circumstances, and storage and handling issues present ongoing challenges to immunization providers and clinic staff. Continuing education is an essential part of achieving and maintaining high immunization standards.

The Washington Chapter of the American Academy of Pediatrics (WCAAP) and Public Health Seattle-King County have forged a formal partnership to pilot an immunization education project for primary care clinics in King County. **EPIC** (Educating Physicians in their Communities) originated in Pennsylvania in response to the measles resurgence of the early 1990's; immunization coverage rates were low at the time, and this was cited as the most significant cause of the outbreak. EPIC uses a peer-education format to enhance the quality of immunization practices and to increase vaccination coverage rates. King County will pilot the program in 2003 and serve as a model for potential statewide implementation of the project in subsequent years.

The model uses a team of peer educators, consisting of a physician (pediatrician or family practitioner), clinic operations specialist or office manager, and a public health nurse. The peer educators will address such issues as vaccine administration, strategies for increasing coverage rates, vaccine handling and storage, vaccination of special populations, vaccine safety, and immunization resources for parents and providers. Providers will also be given the opportunity to select specific topics they would like to have

covered during the education session. Sessions will take place at the clinic site and be one to two hours in duration. Continuing education credits will be available for participants.

In addition to the partnership with the WCAAP, the program has been endorsed by the Washington Chapter of the American Academy of Family Physicians. Other collaborators include Children’s Regional Hospital and Medical Center, the Immunization Action Coalition of Washington, and the

(Continued from previous page)
Washington State Department of Health. Funding for the project is being made available through the CDC Vaccines For Children program.

EPIC has been nationally recognized by the CDC as a model for immunization education programs and is currently being implemented in several states. The program has been nominated for an “Excellence in Immunization Award” by the National Partnership for Immunizations.

The study concluded that the vaccine safety concerns expressed on these Web sites were largely unsupported by peer-reviewed scientific literature. However, the authors believe their study findings will help direct research aimed at more effectively addressing the concerns of individuals opposing childhood vaccination.

To read an abstract of the study, go to the JAMA Web site at <http://jama.ama-assn.org/issues/v287n24/abs/jbr20117.html>

(Note: Reprinted from WA DOH Immunization Update newsletter, July 2002).

**TIPS ON INCREASING
IMMUNIZATION COVERAGE RATES – Part I**

Childhood immunization rates in King County have been gradually declining over the past several years. The latest National Immunization Survey (NIS) data for 2001 reveal that 72.3% (+/- 6.0%) of children in King County aged 19-35 months have completed their 4:3:1:3* immunization series, compared with a rate of 75.1% in 2000 and 77.4% in 1999. Many factors may be contributing to this trend, such as increasing concerns about vaccine safety; the growing complexity of the immunization schedule; and missed opportunities. This is the first in a series of articles addressing practical strategies for increasing a practice’s immunization coverage levels. The strategies are applicable to both private and public practices.

DOCUMENTATION

Having a standard Vaccine Administration Record in each client's chart is one of the most efficient ways for a provider to assess a patient’s vaccination status. Because patients often receive vaccines from more than one provider, it is critical for all vaccinations from previous providers to be transcribed onto the standard vaccination administration record (immunization flow sheet). Having a client’s complete immunization history on one flow sheet reduces the time it takes for a provider to assess whether a child is due for immunizations at the time of the visit; it also enables the provider to quickly determine which vaccines will be recommended at a subsequent visit. Having to search through progress notes for a child’s immunization history is not only inefficient, but it may also lead to an inaccurate assessment of immunization status resulting in unnecessary repeat doses or missed doses.

Place the vaccine administration record in a prominent location in the chart -- preferably in the front inside cover, so that it can be viewed easily each time the chart is opened. Print the vaccine administration record on colored paper stock to make it more visible and serve as a reminder for providers to check the child’s immunization status at each visit.

The federal guidelines for the Vaccines For Children program require that the following categories be documented on the Vaccine Administration Record: vaccine name, dose amount, date vaccine was administered, manufacturer, lot number, injection site, route, administrator's signature and title, VIS publication date, and the facility address. Clinics may use their own forms or the form provided by the WA State Department of Health. To order, email your request to the WA DOH Immunization Materials Warehouse at immunematerials@doh.wa.gov

*4:3:1:3 = 4-DTaP/3-Polio/1-Hib/3-Hep B

DID YOU KNOW...???

Q: If MMR and varicella vaccines are not given on the same day and are mistakenly given less than 28-day minimum interval apart, what should be done?

A: The 2002 General Recommendations on Immunizations states that the vaccine given second is invalid and should be repeated ≥ 4 weeks after it was initially given. This

**ACCESS CHILD Profile
ON THE WEB!**

CHILD Profile, Washington State’s health promotion and immunization registry system, is pleased to announce that the **new web version of the registry is now available!** Providers who sign an information sharing agreement with CHILD Profile may access the immunization registry utilizing their web browser. Web users can look up and enter immunization histories, print out immunization records, and view and print immunization recommendation reports. While not all reports currently available in the text-based version of CHILD Profile (such as Recall and Vaccine Usage) are available via the web at this time, the plan is to have full web functionality in the future.

And the system is growing! As of August 1, 2002, there were 11 million immunizations recorded for over 3 million individuals of all ages. Seventy-three percent of children in the state under the age of six years had 1 or more immunizations recorded, and 53% had 2 or more immunizations recorded. In King County, those percentages are 67% and 51% respectively. Currently, CHILD Profile is exchanging data with 6 health plans and over 80 medical organizations representing some 250 clinic sites.

If you are not already participating in the CHILD Profile Immunization Registry, please consider doing so. It is now easier than ever to use the system. And access is available *at no charge* to participating providers.

For more information on how to participate, please contact CHILD Profile at 1-800-325-5599, or 206-205-4141.

**STUDY EXAMINES
ANTI-VACCINATION WEB SITES**

A study in the June 26th issue of the Journal of the American Medical Association (JAMA) reviewed anti-vaccination Web sites in order to outline the specific claims and concerns expressed by these groups. Robert M. Wolfe, MD, and colleagues from the Northwestern University Feinberg School of Medicine, Chicago, reviewed and analyzed 772 links to find 12 Web sites that disseminated anti-vaccination information. Links from these 12 sites yielded another 10 sites, producing a total of 22 sites for study.

The study revealed that most anti-vaccine Web sites focused on three main themes: 1) concerns about vaccine safety and effectiveness; 2) concerns about governmental abuses, and 3) A preference for alternative health practices rather than vaccination. As noted by the authors, these arguments are not new. In fact, most were used in the 19th century by opponents of compulsory smallpox vaccination.

conservative approach helps assure that an adequate response to both vaccines will be obtained. The 4-day “grace period” should NOT be applied to the 28-day minimum interval of live parenteral vaccines not administered on the same day.

Q: *Some influenza vaccine comes with a 5/8” needle attached. Isn’t 5/8” too short for an IM injection?*

A: Yes! For intramuscular injection ACIP recommends the use of a 7/8” -1” needle for infants less than 12 months of age, a 7/8” -1 ¼” needle for children 12 months to 18 years, and a 1” – 1 ½” needle for person 18 years of age and older. ACIP does not recommend a 5/8” needle for intramuscular injection.

Q: *If a child <9 years old is vaccinated against flu for the first time but doesn’t receive the recommended second dose, does the child need to receive two doses the following year?*

A: No. Only one dose is needed.

(Excerpt from *Needle Tips*, Vol 12 – No. 1, Summer 2002.
Accessible on the Immunization Action Coalition Web site:
<http://www.immunize.org/nslt.d/n26/exprt26.htm>))